

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536923

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	/		/			
5	/		/			
6	10		/			
7	10		/			
8	10		/			
9	10		/			
10	10		/			
11	10		/			
12	10		/			
13	10		/			
14	10		/			
15	10		/			
16	/		/			
17	1		/			
18	2		/			
19	2		/			
20	2		/			
21	2		/			
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	25	↔	28	↔		↔
TOTAL CLAIMS	28	[REDACTED]	31	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]